

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Newaygo County Democratic Executive Committee

ADDRESS (number and street) P.O. Box 146
 Check if different than previously reported. (ACC)
Newaygo MI 49337

2. **FEC IDENTIFICATION NUMBER** C00452854
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2008 through 09 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Charles Benham
Signature of Treasurer Electronically Filed by Charles Benham Date 10 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Newaygo County Democratic Executive Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	8									
0.00												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">73182.73</td></tr></table>	73182.73	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">73182.73</td></tr></table>	73182.73								
73182.73												
73182.73												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">73182.73</td></tr></table>	73182.73	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">73182.73</td></tr></table>	73182.73								
73182.73												
73182.73												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">63446.17</td></tr></table>	63446.17	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">63446.17</td></tr></table>	63446.17								
63446.17												
63446.17												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">9736.56</td></tr></table>	9736.56	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">9736.56</td></tr></table>	9736.56								
9736.56												
9736.56												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Newyago County Democratic Executive Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A)	59826.00	59826.00
(ii) Unitemized	59826.00	59826.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59826.00	59826.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	59826.00	59826.00
12. Transfers From Affiliated/Other Party Committees	13356.21	13356.21
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.52	0.52
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	73182.73	73182.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	73182.73	73182.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	63446.17	63446.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	63446.17	63446.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63446.17	63446.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63446.17	63446.17

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	59826.00	59826.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59826.00	59826.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	63446.17	63446.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63446.17	63446.17

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.

Full Name (Last, First, Middle Initial)

2nd Congressional District

Mailing Address

City State Zip Code
MI

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.97

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2008

Transaction ID: SA12.4203

Amount of Each Receipt this Period

247.97

supply

B.

Full Name (Last, First, Middle Initial)

Allegan County Democratic Party

Mailing Address P.O. Box 85

City State Zip Code
Saugatuck MI 49453

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2040.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: SA12.4342

Amount of Each Receipt this Period

2040.00

signs

C.

Full Name (Last, First, Middle Initial)

Benzie County Democratic Party

Mailing Address 4455 Highland Dr

City State Zip Code
Beulah MI 49617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2112.24

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: SA12.4237

Amount of Each Receipt this Period

2112.24

signs

SUBTOTAL of Receipts This Page (optional) ▶

4400.21

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Benzie County Democratic Party
Mailing Address 4455 Highland Dr

City State Zip Code
Beulah MI 49617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2612.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	8

Transaction ID: SA12.4269
 Amount of Each Receipt this Period
 500.00
 signs

B. Full Name (Last, First, Middle Initial)
Lake County Democratic Party
Mailing Address

City State Zip Code
MI

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
816.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	8

Transaction ID: SA12.4110
 Amount of Each Receipt this Period
 816.00
 signs

C. Full Name (Last, First, Middle Initial)
Manistee County Democratic Party
Mailing Address 11171 Kerry Rd

City State Zip Code
Brethren MI 49619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
408.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	1	/	2	0	0	8

Transaction ID: SA12.4241
 Amount of Each Receipt this Period
 408.00
 signs

SUBTOTAL of Receipts This Page (optional) ► **1724.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Manistee County Democratic Party

Mailing Address 11171 Kerry Rd

City State Zip Code
Brethren MI 49619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
808.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: SA12.4352

Amount of Each Receipt this Period
400.00

signs

B. Full Name (Last, First, Middle Initial)
Mason County Democratic Party

Mailing Address 5434 S. Lakeshore Dr

City State Zip Code
Ludington MI 49431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: SA12.4271

Amount of Each Receipt this Period
500.00

signs

C. Full Name (Last, First, Middle Initial)
Mecosta County Democratic Party

Mailing Address 521 Mecosta . Ave

City State Zip Code
Big Rapids MI 49307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
07 / 19 / 2008

Transaction ID: SA12.4267

Amount of Each Receipt this Period
510.00

signs

SUBTOTAL of Receipts This Page (optional) ► **1410.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Newaygo County Democratic Executive Committee

Mailing Address P.O. Box 146

City State Zip Code
Newaygo MI 49337

FEC ID number of contributing federal political committee. **C** C00452854

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1793.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: SA12.4358

Amount of Each Receipt this Period
1793.00

signs

B. Full Name (Last, First, Middle Initial)
Oceana County Democratic Party

Mailing Address 1117 Mason Ave

City State Zip Code
Hart MI 49420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: SA12.4355

Amount of Each Receipt this Period
306.00

signs

C. Full Name (Last, First, Middle Initial)
Oceana County Democratic Party

Mailing Address 1117 Mason Ave

City State Zip Code
Hart MI 49420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
816.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2008

Transaction ID: SA12.4357

Amount of Each Receipt this Period
510.00

signs

SUBTOTAL of Receipts This Page (optional) ► **2609.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
	<input type="checkbox"/> 15
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.

Full Name (Last, First, Middle Initial) Ottawa County Democratic Party		Date of Receipt
Mailing Address P.O. Box 1792		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
City	State	Zip Code
Holland	MI	49422-1792
FEC ID number of contributing federal political committee.		Transaction ID: SA12.4239
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2600.00"/>
Name of Employer	Occupation	Sign
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Wexford County Democratic Party		Date of Receipt
Mailing Address 709 N US Hwy 131		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
City	State	Zip Code
Manton	MI	49663
FEC ID number of contributing federal political committee.		Transaction ID: SA12.4263
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="613.00"/>
Name of Employer	Occupation	signs
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="613.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="3213.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="13356.21"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) 2nd Congressional District	Transaction ID: SB21B.4275 Date of Disbursement
	Mailing Address	<input type="text" value="08"/> / <input type="text" value="13"/> / <input type="text" value="2008"/>
	City State MI Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement printing newsletter	<input type="text" value="190.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) 2nd Congressional District	Transaction ID: SB21B.4301 Date of Disbursement
	Mailing Address	<input type="text" value="09"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City State MI Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement ads ck1114	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) A-1 Bingo and supply	Transaction ID: SB21B.4106 Date of Disbursement
	Mailing Address 827 Bridge N. W.	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City State MI Zip Code Grand Rapis MI 49504	Amount of Each Disbursement this Period
	Purpose of Disbursement Rent	<input type="text" value="4000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5690.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City Grand Rapis State MI Zip Code 49504 Purpose of Disbursement Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4108 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 4000.00

B. Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City Grand Rapis State MI Zip Code 49504 Purpose of Disbursement rent ck1021 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4191 Date of Disbursement 07 / 07 / 2008
	Amount of Each Disbursement this Period 3000.00

C. Full Name (Last, First, Middle Initial) A-1 Bingo and supply Mailing Address 827 Bridge N. W. City Grand Rapis State MI Zip Code 49504 Purpose of Disbursement web site ad Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4199 Date of Disbursement 07 / 17 / 2008
	Amount of Each Disbursement this Period 40.00

SUBTOTAL of Disbursements This Page (optional) ▶	7040.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) A-1 Bingo and supply	Transaction ID: SB21B.4174 Date of Disbursement
	Mailing Address 827 Bridge N. W.	<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City Grand Rapids State MI Zip Code 49504	Amount of Each Disbursement this Period
	Purpose of Disbursement rent ck1012	<input type="text" value="4000.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Att	Transaction ID: SB21B.4283 Date of Disbursement
	Mailing Address	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City State MI Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement att phones	<input type="text" value="199.05"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Badge A Mint	Transaction ID: SB21B.4208 Date of Disbursement
	Mailing Address	<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City State IL Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement button mach,att,dep webb,pages	<input type="text" value="1150.00"/>
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5349.05"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newwaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4109
	Mailing Address 625 W. Main St	Date of Disbursement MM / DD / YYYY 07 / 01 / 2008
	City Newwaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 400.00
	Purpose of Disbursement Pay	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4138
	Mailing Address 625 W. Main St	Date of Disbursement MM / DD / YYYY 07 / 09 / 2008
	City Newwaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement pay	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4149
	Mailing Address 625 W. Main St	Date of Disbursement MM / DD / YYYY 07 / 09 / 2008
	City Newwaygo State MI Zip Code 49337	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement pay	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Charles Benham	Transaction ID: SB21B.4244 Date of Disbursement 08 / 04 / 2008
	Mailing Address 625 W. Main St	Amount of Each Disbursement this Period 51.00
	City Newyago State MI Zip Code 49337	
	Purpose of Disbursement 51.00 gas lansing debit	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Best buy	Transaction ID: SB21B.4257 Date of Disbursement 08 / 13 / 2008
	Mailing Address	Amount of Each Disbursement this Period 398.95
	City State MI Zip Code	
	Purpose of Disbursement phones,router, ck1103	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Blue Dog ink	Transaction ID: SB21B.4310 Date of Disbursement 09 / 25 / 2008
	Mailing Address	Amount of Each Disbursement this Period 208.80
	City State FL Zip Code	
	Purpose of Disbursement Toner debit	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	▶	658.75
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Blue dog ink	Transaction ID: SB21B.4320 Date of Disbursement 09 / 30 / 2008
	Mailing Address	
	City State Zip Code FL	Amount of Each Disbursement this Period 217.28
	Purpose of Disbursement Toner - debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Blue Dog ink	Transaction ID: SB21B.4323 Date of Disbursement 09 / 30 / 2008
	Mailing Address	
	City State Zip Code FL	Amount of Each Disbursement this Period 315.85
	Purpose of Disbursement Toner - Debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Budget Rental	Transaction ID: SB21B.4249 Date of Disbursement 08 / 05 / 2008
	Mailing Address	
	City State Zip Code MI	Amount of Each Disbursement this Period 602.08
	Purpose of Disbursement truck renter signs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1135.21
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Cronks Hardware Mailing Address City State Zip Code MI 49337 Purpose of Disbursement keys debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4254 Date of Disbursement 08 / 08 / 2008
	Amount of Each Disbursement this Period 15.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) CSI Mailing Address 5656 Clyde Park SW City State Zip Code Wyoming MI 49505 Purpose of Disbursement rent ck1008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4175 Date of Disbursement 07 / 07 / 2008
	Amount of Each Disbursement this Period 4092.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) CSI Mailing Address 5656 Clyde Park SW City State Zip Code Wyoming MI 49505 Purpose of Disbursement rent ck1017 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4183 Date of Disbursement 07 / 09 / 2008
	Amount of Each Disbursement this Period 2902.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	7009.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Dallas Dean	Transaction ID: SB21B.4139 Date of Disbursement 07 / 09 / 2008
	Mailing Address 2531 W. 140th	Amount of Each Disbursement this Period 200.00
	City Grant State MI Zip Code 49327	
	Purpose of Disbursement pay	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dallas Dean	Transaction ID: SB21B.4148 Date of Disbursement 07 / 09 / 2008
	Mailing Address 2531 W. 140th	Amount of Each Disbursement this Period 200.00
	City Grant State MI Zip Code 49327	
	Purpose of Disbursement pay	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Dallas Dean	Transaction ID: SB21B.4211 Date of Disbursement 07 / 09 / 2008
	Mailing Address 2531 W. 140th	Amount of Each Disbursement this Period 372.87
	City Grant State MI Zip Code 49327	
	Purpose of Disbursement float repair ck1060	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	772.87
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Dallas Dean Mailing Address 2531 W. 140th City Grant State MI Zip Code 49327 Purpose of Disbursement mileage ck1112 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4298 Date of Disbursement 09 / 15 / 2008	Amount of Each Disbursement this Period 61.20
B.	Full Name (Last, First, Middle Initial) Dell Computer Mailing Address City State RI Zip Code Purpose of Disbursement dell debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4282 Date of Disbursement 09 / 08 / 2008	Amount of Each Disbursement this Period 597.84
C.	Full Name (Last, First, Middle Initial) Flicker.com Mailing Address 320 Robinhood Rd City Fremount State MI Zip Code 49412 Purpose of Disbursement Web page Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4196 Date of Disbursement 07 / 22 / 2008	Amount of Each Disbursement this Period 300.00

SUBTOTAL of Disbursements This Page (optional) ▶	959.04
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Fremont Honda</p> <p>Mailing Address</p> <p>City State Zip Code MI</p> <p>Purpose of Disbursement Generator float</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4200</p> <p>Date of Disbursement 07 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1058.94</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Fremont Ins</p> <p>Mailing Address</p> <p>City State Zip Code MI</p> <p>Purpose of Disbursement ins ck 1100</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4229</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 450.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hi Lites</p> <p>Mailing Address</p> <p>City State Zip Code MI</p> <p>Purpose of Disbursement Hi lites</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: SB21B.4130</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 130.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1638.94

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Hi Lites Mailing Address City State Zip Code MI Purpose of Disbursement ad for website ck1118 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4311 Date of Disbursement 09 / 25 / 2008
	Amount of Each Disbursement this Period 92.78
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Klub Sports Mailing Address City State Zip Code MI 49337 Purpose of Disbursement tee-shirts ck1120 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4314 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 215.18
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) Konica Minlota Mailing Address City State Zip Code NJ Purpose of Disbursement Printer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4140 Date of Disbursement 07 / 10 / 2008
	Amount of Each Disbursement this Period 955.95
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	1263.91
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newwaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) MDP Convention Program	Transaction ID: SB21B.4243
	Mailing Address	Date of Disbursement 08 / 01 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 325.00
	Purpose of Disbursement ads mdp debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Newwaygo County 4H Council Plat Book	Transaction ID: SB21B.4179
	Mailing Address	Date of Disbursement 07 / 01 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 600.00
	Purpose of Disbursement plat book ad	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Newwaygo County Democratic Executive Committee	Transaction ID: SB21B.4180
	Mailing Address P.O. Box 146	Date of Disbursement 07 / 03 / 2008
	City State MI Zip Code Newwaygo MI 49337	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement Start up Money	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1225.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial)
Newyago County Democratic Executive Committee

Mailing Address P.O. Box 146

City Newyago State MI Zip Code 49337

Purpose of Disbursement

Start up

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4190

Date of Disbursement

07 / 30 / 2008

Amount of Each Disbursement this Period

300.00

B. Full Name (Last, First, Middle Initial)
Officemax

Mailing Address

City State MI Zip Code

Purpose of Disbursement

officemax ck1061

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4212

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

487.56

C. Full Name (Last, First, Middle Initial)
Officemax

Mailing Address

City State MI Zip Code

Purpose of Disbursement

office supply

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4176

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

11.21

SUBTOTAL of Disbursements This Page (optional) ▶

798.77

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Officemax <hr/> Mailing Address <hr/> City State MI Zip Code <hr/> Purpose of Disbursement officemax supplies debit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4227 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 57.22
	<input type="text"/>
	<input type="text"/>

B. Full Name (Last, First, Middle Initial) Officemax <hr/> Mailing Address <hr/> City State MI Zip Code <hr/> Purpose of Disbursement copy paper Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4161 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 29.55
	<input type="text"/>
	<input type="text"/>

C. Full Name (Last, First, Middle Initial) Officemax <hr/> Mailing Address <hr/> City State MI Zip Code <hr/> Purpose of Disbursement officemax lcd debit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4256 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 158.99
	<input type="text"/>
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ▶	245.76
TOTAL This Period (last page this line number only) ▶	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Officemax <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement Office Max - Debit - Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4329 Date of Disbursement 08 / 14 / 2008 <hr/> Amount of Each Disbursement this Period 95.38
B.	Full Name (Last, First, Middle Initial) Office Supplies <hr/> Mailing Address <hr/> City State Zip Code CA <hr/> Purpose of Disbursement toner Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4181 Date of Disbursement 07 / 22 / 2008 <hr/> Amount of Each Disbursement this Period 526.78
C.	Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement rent for office ck1055 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4201 Date of Disbursement 07 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 5200.00

SUBTOTAL of Disbursements This Page (optional)	5822.16
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement Building Rental - #1105 <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4335 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Pat Brissette <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement rent ck1106 <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4281 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 750.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement Carl Levin Luncheon <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4330 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 207.02
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	1707.02
TOTAL This Period (last page this line number only) ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4331
	Mailing Address	Date of Disbursement 08 / 15 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 36.15
	Purpose of Disbursement Carl Levin Luncheon - Debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4337
	Mailing Address	Date of Disbursement 08 / 26 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 35.81
	Purpose of Disbursement plumbs foods debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Plumbs Foes	Transaction ID: SB21B.4364
	Mailing Address	Date of Disbursement 08 / 30 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 27.07
	Purpose of Disbursement Plumbs food debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	99.03
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 Purpose of Disbursement office debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4279 Date of Disbursement 09 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 26.56
B.	Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 Purpose of Disbursement Plumbs food debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4295 Date of Disbursement 09 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 24.54
C.	Full Name (Last, First, Middle Initial) Plumbs Foes <hr/> Mailing Address <hr/> City State Zip Code MI 49337 Purpose of Disbursement food, water ck1113 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4302 Date of Disbursement 09 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 13.00

SUBTOTAL of Disbursements This Page (optional) ▶

64.10

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Plumbs Foes Mailing Address City State Zip Code MI 49337 Purpose of Disbursement plumbs food debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4303 Date of Disbursement 09 / 19 / 2008
	Amount of Each Disbursement this Period 20.57
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Plumbs Foes Mailing Address City State Zip Code MI 49337 Purpose of Disbursement Plumbs - Food - Debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4322 Date of Disbursement 09 / 30 / 2008
	Amount of Each Disbursement this Period 10.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Sawicki & Son Mailing Address City State Zip Code MI Purpose of Disbursement sawicki signs debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4225 Date of Disbursement 07 / 21 / 2008
	Amount of Each Disbursement this Period 6300.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional)

6330.96

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Sawicki & Son <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement sawicki sign debit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4228 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 8
	Amount of Each Disbursement this Period 7056.00
	<input type="text"/>
	<input type="text"/>
B. Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement Office Supplies Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4157 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 226.27
	<input type="text"/>
	<input type="text"/>
C. Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address <hr/> City State Zip Code MI <hr/> Purpose of Disbursement Toner Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4163 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 104.15
	<input type="text"/>
	<input type="text"/>

SUBTOTAL of Disbursements This Page (optional) ▶

7386.42

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4164
	Mailing Address	Date of Disbursement 07 / 16 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 103.85
	Purpose of Disbursement Labels,paper	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4290
	Mailing Address	Date of Disbursement 09 / 12 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 102.48
	Purpose of Disbursement Staples	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.4313
	Mailing Address	Date of Disbursement 09 / 26 / 2008
	City State MI Zip Code	Amount of Each Disbursement this Period 81.75
	Purpose of Disbursement staples debit	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

288.08

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code MI Purpose of Disbursement license fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4127 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code MI Purpose of Disbursement license fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4128 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code MI Purpose of Disbursement License fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4131 Date of Disbursement 07 / 01 / 2008
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	600.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code Purpose of Disbursement License fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4184 Date of Disbursement 07 / 08 / 2008
	Amount of Each Disbursement this Period 150.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code Purpose of Disbursement License Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4166 Date of Disbursement 07 / 17 / 2008
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code Purpose of Disbursement lic fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4178 Date of Disbursement 07 / 21 / 2008
	Amount of Each Disbursement this Period 150.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) State of Michigan Mailing Address City State Zip Code MI Purpose of Disbursement License fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4160 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 200.00
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postagemaster permit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4182 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 175.00
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4147 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 58.18
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	433.18
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service <hr/> Mailing Address <hr/> City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4155 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 57.60
B.	Full Name (Last, First, Middle Initial) U.S Postage service <hr/> Mailing Address <hr/> City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4159 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 55.65
C.	Full Name (Last, First, Middle Initial) U.S Postage service <hr/> Mailing Address <hr/> City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4193 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 0 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 57.60

SUBTOTAL of Disbursements This Page (optional) ▶	170.85
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage ck1059 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4210 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 0 8
	Amount of Each Disbursement this Period 92.88
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4194 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 35.28
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4165 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 7 / 2 0 0 8
	Amount of Each Disbursement this Period 55.34
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	183.50
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage ck1062 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4219 Date of Disbursement 07 / 17 / 2008 Amount of Each Disbursement this Period 16.50 Category/Type
B.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4177 Date of Disbursement 07 / 24 / 2008 Amount of Each Disbursement this Period 146.63 Category/Type
C.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4251 Date of Disbursement 08 / 08 / 2008 Amount of Each Disbursement this Period 156.45 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	319.58
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4255
	Mailing Address	Date of Disbursement MM / DD / YYYY 08 / 11 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 130.62
	Purpose of Disbursement box rent	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4158
	Mailing Address	Date of Disbursement MM / DD / YYYY 08 / 25 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 55.34
	Purpose of Disbursement postage	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) U.S Postage service	Transaction ID: SB21B.4285
	Mailing Address	Date of Disbursement MM / DD / YYYY 09 / 08 / 2008
	City State Zip Code MI 49337	Amount of Each Disbursement this Period 87.98
	Purpose of Disbursement postage ck1109	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	273.94
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A.	Full Name (Last, First, Middle Initial) U.S Postage service Mailing Address City State Zip Code MI 49337 Purpose of Disbursement postage newsletter ck1119 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4312 Date of Disbursement 09 / 25 / 2008 Amount of Each Disbursement this Period 594.17 Category/Type
B.	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State Zip Code MI Purpose of Disbursement clearing supplies debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4226 Date of Disbursement 07 / 24 / 2008 Amount of Each Disbursement this Period 96.34 Category/Type
C.	Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State Zip Code MI Purpose of Disbursement candy Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4205 Date of Disbursement 08 / 05 / 2008 Amount of Each Disbursement this Period 45.29 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

735.80

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement parade candy debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4339 Date of Disbursement 08 / 22 / 2008
	Amount of Each Disbursement this Period 46.44
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement office supplies debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4340 Date of Disbursement 08 / 22 / 2008
	Amount of Each Disbursement this Period 38.13
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) Wal-Mart Mailing Address City State MI Zip Code Purpose of Disbursement office supplies debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4362 Date of Disbursement 08 / 29 / 2008
	Amount of Each Disbursement this Period 16.63
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	101.20
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newaygo County Democratic Executive Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address</p> <p>City State Zip Code MI</p> <p>Purpose of Disbursement Ink cart ck1110</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4293</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 55.41</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Wal-Mart</p> <p>Mailing Address</p> <p>City State Zip Code MI</p> <p>Purpose of Disbursement Miscellaneous - Debit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4321</p> <p>Date of Disbursement 09 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 28.08</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Wesco</p> <p>Mailing Address</p> <p>City State Zip Code MI 49337</p> <p>Purpose of Disbursement gas for truck debit</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.4247</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 73.02</p>

SUBTOTAL of Disbursements This Page (optional) ▶

156.51

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Wesco <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement pop debit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4258 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period 13.07
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

B. Full Name (Last, First, Middle Initial) Wesco <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement pop,water debit Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4336 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 25.50
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

C. Full Name (Last, First, Middle Initial) Wesco <hr/> Mailing Address <hr/> City State Zip Code MI 49337 <hr/> Purpose of Disbursement pop Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4276 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 21.86
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:

SUBTOTAL of Disbursements This Page (optional) ▶	60.43
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Newyago County Democratic Executive Committee

A. Full Name (Last, First, Middle Initial) Wesco Mailing Address City State Zip Code MI 49337 Purpose of Disbursement pop.water debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4278 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 53.30
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) Wesco Mailing Address City State Zip Code MI 49337 Purpose of Disbursement pop.water debit Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.4366 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 46.80
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	▶	100.10
TOTAL This Period (last page this line number only)	▶	59919.16